



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Elite Healthcare Fort Worth

**Respondent Name**

Insurance Company of the State of Pennsylvania

**MFDR Tracking Number**

M4-15-0864-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

November 10, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "I am resubmitting the claim for payment for the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. All other claims have been paid in full for this patient. Treating provider has attached dictation for office visit outlining key components about the patient's visit. Office visits are recommended to be medically necessary. Please see attached patient account statement showing all other claims being paid in a timely manner. I'm taking the next step to get the rest of these claims paid and sending all documentation I have to MDS. THESE ARE NOT DUPLICATES. All other claims have been paid at 100%. Therefore, these claims should be paid in full."

**Amount in Dispute:** \$165.84

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Our Initial Response to the above referenced medical fee dispute resolution is as follows: We have escalated the bill in question for manual review to determine if additional monies are owed. Supplemental response will be provided once the bill auditing company has finalized their review."

**Response Submitted by:** Gallagher Bassett

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 11, 2014	Established Evaluation & Management (99214)	\$165.84	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the procedures for billing and reimbursing professional medical bills.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 15 – (150) Payer deems the information submitted does not support this level of service

## Issues

1. Did the requestor support the level of service for CPT Code 99214 as required by 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to reimbursement?

## Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient.

The American Medical Association (AMA) CPT code description for 99214 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: **A detailed history; A detailed examination; Medical decision making of moderate complexity.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. [emphasis added]

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History:
  - “An *extended* [History of Present Illness (HPI)] consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions.” Documentation found three elements of HPI were reviewed. This element was not met.
  - “An *extended* [Review of Systems (ROS)] inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems. [Guidelines require] the patient’s positive responses and pertinent negatives for two to nine systems to be documented.” Documentation found one system (musculoskeletal) reviewed. This element was not met.
  - “A *pertinent* [Past Family, and/or Social History (PFSH)] is a review of the history area(s) directly related to the problem(s) identified in the HPI. [Guidelines require] at least one specific item from any three history areas [(past, family, or social)] to be documented.” The documentation does not support that any history areas were reviewed. This element was not met.

The Guidelines state, “To qualify for a given type of history all three elements in the table must be met.” A review of the submitted documentation indicates that this component of CPT Code 99214 was not supported.

- Documentation of a Detailed Examination:
  - A “*detailed* [examination] is an **extended** examination of the affected body area(s) or organ system(s) **and** any other symptomatic or related body area(s) or organ system(s)” [emphasis added]. A review of the submitted documentation finds that only one body area (left wrist) was examined. Therefore, this component of CPT Code 99214 was not met.
- Documentation of Decision Making of Moderate Complexity:
  - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that the patient presented with an improved, established problem, meeting the documentation requirements of minimal complexity. Therefore, this element was not met.
  - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor reviewed and summarized reports from other healthcare providers. The documentation supports that this element met the criteria for low complexity of data reviewed. Therefore, this element was not met.
  - *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems included one resolved established condition, which presents a minimal level of risk; no diagnostic procedures ordered; and no management options were discussed. The patient was released on a PRN basis. “The highest level of risk in any one category...determines the overall risk.” The documentation supports that this element met

the criteria for minimal risk.

"To qualify for a given type of decision making, **two of the three elements ... must be either met or exceeded.**" A review of the submitted documentation supports that this component of CPT Code 99214 was not met.

Because documentation did not support at least two of the three key components of CPT Code 99214, the requestor failed to support the level of service required by 28 Texas Administrative Code §134.203.

2. For the reasons stated above, the services in dispute are not eligible for reimbursement.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

<hr style="border: none; border-top: 1px solid black;"/>	<b>Laurie Garnes</b> Medical Fee Dispute Resolution Officer	<b>February 11, 2015</b> Date
Signature		

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**